

**Office of Retirement Services**

P.O. Box 30171

(800) 381-5111 (Lansing area 322-5103)

Lansing MI 48909-7671

www.michigan.gov/ors

ORS Insurance Change Request

Please mark which insurance plan(s) you wish to change, and your retirement system plan.

- ☐ **Health** ☐ **Dental** ☐ **Vision**
- ☐ **Public School Employees** ☐ **State Employees** ☐ **State Police** ☐ **Judges**

OFFICE USE ONLY		
RETIREE EFFECTIVE DATE		
H		
V		
D		

Contract Number	Subscriber's Last Name	First Name	Initial
Telephone Number ()	Subscriber's Current Address	City	State Zip Code

I. Add Members to Contract (Additions)					Mo.	Day	Yr.	Mo.	Day	Yr.
Reason for Addition: <input type="checkbox"/> Adoption <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other	Last Name	First Name	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date*			Birth Date*		
	SSN*	Medicare Claim Number (if applicable):		Effective Dates on Card: →	Hospital Ins.			Medical Ins.		
Reason for Addition: <input type="checkbox"/> Adoption <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other	Last Name	First Name	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date*			Birth Date*		
	SSN*	Medicare Claim Number (if applicable):		Effective Dates on Card: →	Hospital Ins.			Medical Ins.		
Reason for Addition: <input type="checkbox"/> Adoption <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other	Last Name	First Name	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date*			Birth Date*		
	SSN*	Medicare Claim Number (if applicable):		Effective Dates on Card: →	Hospital Ins.			Medical Ins.		
Additional Information _____										

II. Remove Members from Contract (Deletions)						Mo.	Day	Yr.
Reason for Deletion: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Drop	Last Name	First Name	Initial	SSN*	Relationship	Date Occurred*		
Reason for Deletion: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Drop	Last Name	First Name	Initial	SSN*	Relationship	Date Occurred*		
Reason for Deletion: <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Drop	Last Name	First Name	Initial	SSN*	Relationship	Date Occurred*		
Additional Information _____								

III. Change <input type="checkbox"/> Name To	Last Name	First Name	Initial

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO MY KNOWLEDGE AND BELIEF:

Subscriber's Signature	Date
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